

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26500**  
Registrar's No. **6292**

FILED SEP 17 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis,**  
(b) City or town **St. Louis,**  
(c) Name of hospital or institution **3308a Meramec St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE C. YOUNG**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) ☒ Single, ☒ widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 21, 1862**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DeSoto Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Louis Young**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Winifred Hopson**  
(b) Address **3308a Meramec St.**

17. (a) **Burial** (b) Date thereof **8/2/41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **DeSoto Missouri.**

18. (a) Signature of funeral director **J. H. Hubbert & Co.**  
(b) Address **2842 Meramec St.**

19. (a) **AUG - 1 1941** (b) **J. H. Hubbert**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3308a Meramec St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30th**  
year **1941** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 3**, 1940, to **July 30**, 1941.  
that I last saw him alive on **July 30**, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Duration **yes**

Due to **Arterio-sclerosis**  
**and hemiplegia**  
Due to **chron. interstitial nephritis**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **Walter M. Jones** (M.D. or other)  
Address **2400 Meramec** Date signed **8/1/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Loren A. Tierney*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**